## INDIANA PUBLIC DEFENDER COUNCIL APPELLATE ADVOCACY TRAINING

Friday, May 16, 2008

Holiday Inn - Terre Haute



## **FACULTY & TOPICS INCLUDE:**

- Chief Judge John Baker, Court of Appeals: Perspectives of the Chief Judge
- Kevin Smith and Brian Eisenman: Updates from the Clerk's Office; New Rules or Proposed New Rules impacting Appeals; Issues/Orders from IN Supreme Court impacting appellate practitioners
- James Bell: Ethics
- Katy Cornelius: Overview on TPR/CHINS appeals
- Jeff Schlesinger: Appellate Rules (Jeopardy)
- Joel Schumm: Annual Appellate law and trends update
- Stacy Uliana: What can go wrong on appeal, and how to fix it!

## **CLE CREDIT**

The Indiana Commission on Legal Education will accredit this seminar for five (5) and one (1) ethics CLE hours.

## • DATE • PRICE • PLACE

9:00 a.m. to 5:00 p.m. (lunch provided)

Fees: Public defenders \$90 by May 2; after May 2 -

\$115: at the door - \$140

Criminal defense lawyers \$175 by May 2; after May 2 - \$200; at the door - \$225

Appellate Advocacy Training

Non-Attorneys \$65 by May 2; after May 2 -\$90; at the door - \$115

New Attorneys (passed the bar in 2006) \$45 by May 2; after May 2 - \$70

Please use the form provided below and return it with your payment to Indiana Public Defender Council. All public defenders and regularly appointed defense counsel in Indiana are members of the Indiana Public Defender Council. Deadline for cancellation refund is May 5.

Holiday Inn Terre Haute Place:

3300 U.S. 41 South Terre Haute, IN 47802

812-232-6081

- The guaranteed room rate is \$89.00. You need to reserve your room by Friday, April 25. This special room rate is for Thursday, May 15 only.
- Please inform the reservationists that you are with the Public Defender Council when making your reservation.
- If you have problems, contact Teresa Campbell or JoAnn Pickett at (317) 232-2490.
- Check the website for up-to-date information. www.in.gov/pdc/general/calendar.html
- No registering over the phone. Mail or fax only.
- Visa and MasterCard are accepted.

Please cut here and return bottom portion with your payment Friday, May 16, 2008 Name: \_\_\_\_\_ Attorney Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_\_Fax: \_\_\_\_\_ Address, City, State, Zip: Email address: \_\_\_\_\_ Are you a vegetarian? \_\_ Yes \_\_ No Any special diet or disabilities? \_\_\_\_\_\_ (If licensed in another state): #\_\_\_\_\_ State: \_\_\_\_ Credit Card VISA OR MC\_\_\_\_\_\_Expiration Date\_\_\_\_\_CV Code\_\_\_\_ Billing Address ☐ I certify that I am a criminal defense attorney. Signature

Mail this form to:

Indiana Public Defender Council ATTN: AP REGISTRAR 309 W. Washington, Ste.401 Indianapolis, IN 46204-2725 Or Fax to: (317) 232-5524